UNDERGROUND STORAGE TANK FACILITY FILE CLOSEOUT FORM

Facility ID Number:	Facility Name:	Facility Address	Facility City:	Facility State
1-000169	EXPRESS GAS - QNI, Inc.	576 UNIONDALE AVENUE	UNIONDALE	NY

Facility County	Inspection Date:	Case Handler:	Legal Action Taken?:
Nassau	10/22/2014 3:15:00 PM	Peter Misluk	No Legal Action Taken

File Opening Date:	File Closing Date:
10/22/2014 3:15:00 PM	12/4/2014

Print This Record Close Form

NAU 10770

United States Environmental Protection Agency (EPA)
Region 2
290 Broadway
New York, NY 10007-1866

ICIS# 360000256?
Activity ID
3600005571
Section 9005

d Storage Tank (UST) Inspection Form

INSPECTOR NAM DATE: 10/22/14

SIC CODE: ICIS #: 3600002567

I. Location of

Facility Name: EXPRESS GAS - QNI INC.

Street Address: 576 UNIONDALE AVE

City: UNIONDALE, State: NY, Zip Code: 11553

County: NASSAU

Phone Number: (516) 292-0974 Fax Number:

Contact Person(s): JAMIL AKHTAR, MANAGER

II. Ownership of Tank(s)

□ same as location (I.)

Owner Name: VINCENT COSTA

Street Address: 695 LINDA AVE

City: THORNWOOD, State: NY, Zip Code: 10594

County: WESTCHESTER

Phone Number: (914) 769-2332 Fax Number:

Contact Person(s): VINCENT COSTA

IIA. Ownership of Other Facilities

□Do you own other UST Facilities **Yes / No**

If Yes, How many Facilities _____ How many USTs _____

III. Notification

NASSAU CO FIRE (MOST RECENT REGISTRATION EXPIRED 12/31/13)

□ Notification to implementing agency; name _____
State Facility ID # NAU 10770

IV. Financial Responsibility

NO ON-SITE TANK INSURANCE

□ State Fund _____ □ Private Insurance: Insurer/Policy #_____
□ Guarantee □ Surety Bond □ Letter of Credit
□ Local Government □ Self Insured □ **Not Required** (Federal & State government, hazardous substance USTs)

V. Release History

N/A ☑

□ To your knowledge, are there any public or private Drinking Water Wells in the vicinity ? **Yes / No**

□ Evidence of release or spills at facility □ Greater than 25 gallons (estimate)
□ **Releases reported to implementing agency; if so, date(s)** _____ [280.53]
□ Release confirmed; when and how _____
□ Initial abatement measures and site characterization □ Free product removal
□ Soil or ground water contamination □ Corrective action plan submitted
□ Remediation ongoing □ Remediation completed, no further action; date(s)_____

Notes:

NAU 10 / 10

VI. Tank Information — Tank No.	11294	11295	11296			
Tank presently in use	NO →	→	→			
If not, date last used (see Section XII)	04/06 →	→	→			
If empty, verify 1" or less left (see Section XII)	*NO* →	→	→			
Capacity of Tank (gal)	4000G →	→	→			
Substance Stored	DIESEL	REG GAS	PREMIUM			
M/Y Tank installed / Upgraded	05/93 →	→	→			
Tank Construction : Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)	DW FRP →	→	→			
Spill Prevention	SPILL →	BUCKETS →	→			
Overfill Prevention (specify type)	? →	→	→			
Special Configuration: Compartmentalized , Manifolded	NO →	→	→			

VII. Piping Information

Piping Type : Pressure, Suction	PRESSURE →	→	→			
Piping Construction: Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)	FRP →	→	→			

Tank and Piping Notes:

ALL (3) FILL PORTS HAVE PERMANENT CAPS
(INDICATED CAPS PLACED WHEN USTs EMPTIED)

VIII. Cathodic Protection

N/A ☑

Integrity Assessment conducted prior to upgrade							
Interior Lining:	Interior lining inspected						
Impressed Current	CP Test records						
	Rectifier inspection records						
Sacrifical Anode:	CP test records	↓	↓	↓			

CP Notes:

Init/Date JKB 10/22/14

NN 10770

Tank No.	11294	11295	11296			
IX. UST system used solely by Emergency Power Generator	NO →		→			

X. Release Detection

N/A ☐

Tank RD Methods	ATG						
	Interstitial Monitoring						
	Groundwater Monitoring						
	Vapor Monitoring						
	Inventory Control w/ TTT						
	Manual Tank Gauging						
	Manual Tank Gauging w/ TTT						
	SIR						
12 Months Monitoring Records (***Must*** *Make Available Last 12 Months For Compliance)*		NO →		→			

Tank RD Notes: **(State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)**

NO RELEASE DETECTION PERFORMED SINCE 2006

Pressurized Piping RD Methods		N/A ☐					
	Interstitial Monitoring						
	Groundwater Monitoring						
	Vapor Monitoring						
	SIR						
12 Months Monitoring Records							
	Annual Line Tightness Test	NO →			→		
ALLD	Present	YES →			→		
	Annual Test	NO →			→		

Piping RD Notes: **(State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)**

NO RELEASE DETECTION PERFORMED SINCE 2006

Init/Date JKB 10/22/14

NAU 10770

XI. Repairs

N/A ☑

Repaired tanks and piping are tightness tested within 30 days of repair completion	Y ☐ N ☐ Unknown ☐
CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system	Y ☐ N ☐ Unknown ☐
Records of repairs are maintained	Y ☐ N ☐ Unknown ☐

XII. Temporary Closure

~~N/A ☑~~ JKB

CP continues to be maintained	Y ☐ N ☐ Unknown ☐ N/A ☑
UST system contains product and release detection is performed [?]	Y ☐ N ☐ Unknown ☐
Cap and secure all lines, pumps, manways	Y ☑ N ☐ Unknown ☐

Notes:

UNABLE TO VERIFY IF ANY PRODUCT STILL EXISTS IN ANY OF THE USTS

MANAGER TELEPHONED ME TWO DAYS AFTER INSPECTION DATE, INDICATING HE OPENED ALL (3) TANKS, GAUGED EACH TANK, FINDING NO PRODUCT

Init/Date JKB 10/22/14

NAU 10770

THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST PROGRAM
Underground Storage Tank Team
New York, NY 10007-1866

Facility Name EXPRESS GAS - GNI INC.
Address 572 UNIONDALE AVE, UNIONDALE
UST Reg # NAU 10770

Inspector Observation Report

Inspection of Underground Storage Tanks (USTs)

☑ No violations observed at the conclusion of this inspection.

☐ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Potential Violations Observed:

Regulatory Citation	Violation Description
§	
§	
§	
§	
§	
§	
§	
§	

Actions Taken:
☐ Field Citation; # _____ ☐ Additional information required ☐ On-site request/Due date _____

Comments/Recommendations:

UNABLE TO GAUGE TANKS - PERMANENT CAP ON MC (3) FILL PIPES
TANKS EMPTIES OUTSIDE

Name of Owner/Operator Representative:

JAMIL AKHTAR
(Please print)

Jamil
(Signature)

Other Participants: _____

Name of EPA Inspector/representative

JEFFREY K BLAIR
(Please print)

Jeffrey K Blair
(Signature)

(Credential Number)

Date of Inspection 10/22/14 Time 3:15 AM/PM

Init/Date JKB 10/22/14

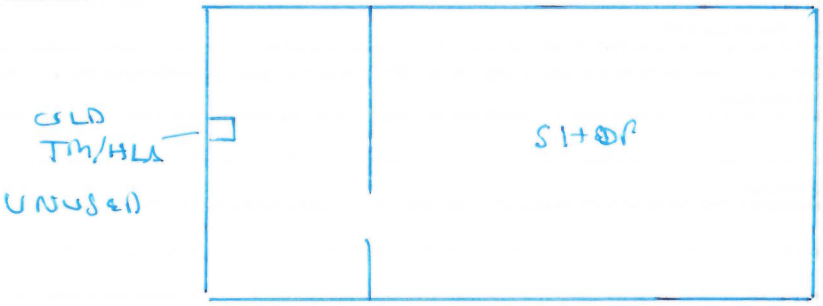
NAD 10775

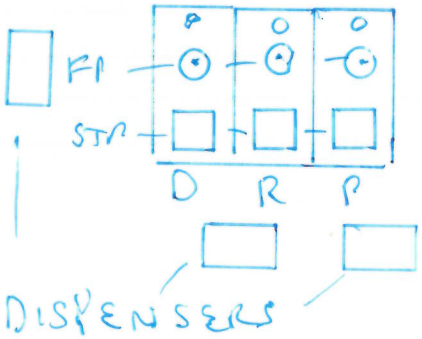
SITE DRAWING

DATE: 10/22/14 TIME ON SITE: 2:25PM TIME OFF SITE: 3:15PM

WEATHER: 60° + RAINING

ENVIRONMENTALLY SENSITIVE AREA : Y ☐ N ☑
If "Yes", please describe:





PHOTOS

343 FP PIKE
344 STP PIKE
345 FP REG
346 STP REG
347 FP DIE
348 STP DIE
349 FUEL PAD
350 TANK MONITOR
351 SITE

GPS Total List:
40.70095'N
-73.59333'W

☑ Pictures

Init/Date JKB 10/22/14

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? No

Deficiencies observed: (Put an **X** for each observed deficiency)

___ Potential failure to complete or submit a notification, report, certification, or manifest

___ Potential failure to follow or develop a required management practice or procedure

___ Potential failure to maintain a record or failure to disclose a document

___ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment

___ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? **Yes / No**

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? **Yes / No**

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector In providing Compliance Assistance during Inspections? **Yes / No**

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? **Yes / No**

Init/Date JKB 10/22/14

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)] ?			
		❑ Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)]			
		❑ Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)]			
		❑ Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)]			
		❑ Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)]	✓		
		❑ UST system (Choose one)			
		❑ UST in operation			
		❑ UST in temporary closure			
		❑ CP System is properly operated and maintained			
		❑ CP system is performing adequately based on results of testing. [280.31(b)]; - or -			
		❑ CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.			

Release Detection Compliance Measures Matrix

Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	In Compliance? N/A	Y	N
I. Release Detection Method Presence and Performance Requirements	1	Release detection method is present. [280.40(a)]			✓
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)]			✓
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)]			✓
	4	Implementing agency has been notified of suspected release as required. [(280.40(b)]	✓		
		❑ Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]			
II. Release Detection Testing	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]			✓
III. Hazardous Substance UST Systems	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
IV. Temporary Closure	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]			

Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
❑			**A. Inventory Control with Tank Tightness Testing (T.T.T)** ❑ Inventory control is conducted properly. ❑ T.T.T. performed as required (See "D" below). ❑ Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] ❑ Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] ❑ Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] ❑ Water is monitored at least monthly. [280.43(a)(6)]

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]		✓	
		❑ Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: ❑ Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] ❑ Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] ❑ Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: ❑ Tank and piping meet new UST requirements [280.21(a)(1)] ❑ Steel tank is internally lined. [280.21 (b)] ❑ Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]			

Notes: N/A - Indicates that the measure is not applicable.
Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	**Pressurized Pipe** (Choose Two)	**Non-exempt Suction Pipe** (Choose one)	**Release Detection Method**
❑			**B. Automatic Tank Gauge (ATG)** ❑ ATG is set up properly. [280.40(a)(2)] ❑ ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] ❑ ATG is checking portion of tank that routinely contains product. [280.40(a)(1)]
❑			**C. Manual Tank Gauging (MTG)** ❑ Tank size is appropriate for using MTG. [280.43(b)(5)] ❑ Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) ❑ Method is being conducted correctly. [280.43(b)(4)] ❑ No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] ❑ Equipment is capable of 1/8-inch measurement. [280.43(b)(3)]
❑	❑	❑	**D. Tightness Testing** (Safe Suction piping does not require testing) ❑ Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)] ❑ Tightness testing is conducted within specified time frames for method: ❑ **Tanks** - every 5 years [280.41(a)(1)] ❑ **Pressurized Piping** - annually [280.41(b)(1)(ii)] ❑ **Non-exempt suction piping** - every 3 years [280.41(b)(2)] ❑ Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)]
❑	❑	❑	**E. Ground Water or Vapor Monitoring** ❑ Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] ❑ Vapor monitoring well is not affected by high ground water. [280.43(e)(3)] ❑ Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] ❑ Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)]
❑	❑	❑	**F. Interstitial Monitoring** ❑ Secondary containment can be used to detect a release [280.43(g)(1)], 280.43(g)(2)] ❑ Sensor properly positioned. [280.40(a)(2)]

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	**Pressurized Pipe** (Choose Two)	**Non-exempt Suction Pipe** (Choose one)	**Release Detection Method**
	❑		**G. Automatic Line Leak Detector (ALLD)** ❑ ALLD is present and operational. [280.44(a)] ❑ Annual function test of the ALLD has been conducted and records are available. [280.44(a)]
❑	❑	❑	**H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)]** ❑ The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or ❑ The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)] ❑ S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)]

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

LOCATION ID **10770**

PERMIT NO. **1998TR01920**

STATE OF NEW YORK
COUNTY OF NASSAU
OFFICE OF FIRE MARSHAL

FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK REGISTRATION

LOCATION: **EXPRESS GAS - QNI INC., 576 UNIONDALE AVE, UNIONDALE, NY, 11553**

ISSUED TO: NAME **COSTA GAS STATION, INC.**
ADDRESS **695 LINDA AVE**
THORNWOOD, NY, 10594

EFFECTIVE DATE: 04/20/2010
EXPIRATION DATE: 12/31/2013

ID	UNIT TYPE	CONTENT	SIZE (gal)	INSTALLED DATE	LAST TEST DATE
11296	OUTDOOR UG HOR D/W F/G	LOW UNLEADED GASOLINE	4,000	May 1, 1988	Jun 19, 2013
11295	OUTDOOR UG HOR D/W F/G	LOW UNLEADED GASOLINE	4,000	May 1, 1988	Jun 19, 2013
11294	OUTDOOR UG HOR D/W F/G	HIGH UNLEADED GASOLINE	4,000	May 1, 1988	Jun 19, 2013

April 20, 2010
DATE

JOHN J. PRIEST, JR
ASS'T CHIEF FIRE MARSHAL

MUST BE POSTED IN A CONSPICUOUS LOCATION

10770

NAU 10770

FOA# 6837205 ✓

OFFICE OF THE FIRE MARSHAL
COUNTY OF NASSAU

Thomas R. Suozzi
County Executive

Thomas E. Tilley
Fire Marshal

RECEIVED DEC 30 PM 3:50

Registration Application for the Storage of Flammable/Combustible Liquids

R# 7013564 – V# 1279 – Selin Petroleum

FOR OFFICE USE ONLY	
Loc. ID #	10770
Fees Rcv'd	$490. –
Date Rcv'd	12/30/03

CHECK ALL THAT APPLY TO YOUR FACILITY

TYPE OF STORAGE

TANK (S) ☐ CONTAINER(S) ☐

OTHER _____

TYPE OF REGISTRATION

RENEWAL ☐ AMENDED ☐ (ANY CHANGE IN THE INITIAL REGISTRATION APPLICATION) NEW ☐ (A FACILITY NOT PREVIOUSLY REGISTERED WITH THE NCFM)

PRODUCT USAGE

DISPENSING ☐ MAJOR STORAGE FACILITY ☐ STATIONARY ENGINE ☐ INDUSTRIAL PROCESS ☐

OTHER _____

THIS SECTION PERTAINS TO THE **FACILITY LOCATION**

BUSINESS NAME EXPRESS GAS

ADDRESS 576 (Number) UNIONDALE AVE (Street) UNIONDALE (City) N.Y. (Zip)

INTERSECTION _____ PHONE (516) 779 4760

PROPERTY TAX CODE

SECTION 34
BLOCK 281
LOT(S) 0012
SCHOOL DISTRICT # 002

THIS SECTION PERTAINS TO THE **TANK OWNER (Permittee)**

BUSINESS NAME COSTA GAS STATION INC.
If not applicable leave blank, complete next line

NAME COSTA, VINCENT T. PRES. 04-02-1938
Individual, Corporate Officer, Partner — Title — Date of Birth

LEGAL ADDRESS 695 LINDA AVE THORNWOOD N.Y. 10594
Number — Street — City — State — Zip

MAILING ADDRESS
If Different from Above
Number & Street or PO Box — City — State — Zip

PHONE (914) 769 2032 Business ( ) Emergency

THIS SECTION PERTAINS TO THE **FACILITY OPERATOR**

BUSINESS NAME SELIN petroleum INC.
If not applicable leave blank, complete next line

NAME AKIF AKKAYA PRES. 03-03-1970
Individual, Corporate Officer, Partner — Title — Date of Birth

LEGAL ADDRESS 576 UNIONDALE AVE UNIONDALE N.Y. 11553
Number — Street — City — State — Zip

MAILING ADDRESS
If Different from Above
Number & Street or PO Box — City — State — Zip

PHONE (516) 779 4760 Business (516) 315 7799 Emergency

THIS SECTION PERTAINS TO THE **PROPERTY OWNER**

BUSINESS NAME COSTA GAS STATION INC.
If not applicable leave blank, complete next line

NAME COSTA VINCENT T. PRES. 04-02-1938
Individual, Corporate Officer, Partner — Title — Date of Birth

LEGAL ADDRESS 695 LINDA AVE. THORNWOOD N.Y. 10594
Number — Street — City — State — Zip

MAILING ADDRESS
If Different from Above
Number & Street or PO Box — City — State — Zip

PHONE (914) 769 2032 Business ( ) Emergency

HEREBY AFFIRM UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED ON THIS FORM AND ANY ATTACHED FORMS, ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR TO SECTION 210.45 OF THE PENAL LAW.

PRINT NAME AKIF AKKAYA TITLE PRES

SIGNATURE _____ DATE 12-30-2003

NKREG-1.PM55[6-91] Rev 07-02

NAU 01770

Thomas R. Suozzi
County Executive

Thomas E. Tilley
Fire Marshal

OFFICE OF THE FIRE MARSHAL
COUNTY OF NASSAU
Tank Registration Application
Storage Identification and Information

FOR OFFICE USE ONLY	
Date Application Received	Loc. ID # 10770
Reviewed By	Date Reviewed 1/13/04
New ☐ Renewal ☐ Modify. ☐	
Date Entered In Computer 1-16-04	Tank Registration Issued Yes
Registration Number 1998TR01920	Expiration Date 12/31/08

EXPRESS GAS

SS 576 UNIONDALE AVE UNIONDALE NY 11553

CONSTRUCTION MATERIAL	UNIT NO.	MATERIAL CURRENTLY STORED: FOR OFFICE USE Tank ID #	MATERIAL CURRENTLY STORED: TECHNICAL NAME OF CONTENTS	DESIGN CAPACITY (GALLONS)	INSTALLATION DATE	LAST TEST OR INSPECTION DATE	STATUS	INTERNAL PROTECTION	EXTERNAL PROTECTION	LEAK DETECTION	METHOD OF TANK FILL	METHOD OF PRODUCT TRANSFER	PIPING CONSTRUCTION	SECONDARY CONTAINMENT	UL NUMBER OR ACCEPTABLE EQUIVALENT
F	1	11294	DIESEL	4000	5/88	11/98	A	2	2	2	2	5	5	2	N/A
F	2	11295	GASOLINE	4000	5/88	11/98	A	2	3	4	2	5	5	2	N/A
F	3	11296	GASOLINE	4000	5/88	11/98	A	2	3	4	2	5	5	2	N/A

Rev 07-02

NJO 13770

Dry as a Bone Inc.
74 Chestnut Street
Rockville Centre, NY 11570
(516) 678-5115

Invoice

DATE	INVOICE #
1/4/2013	1203

BILL TO

QNI Inc.
576 Uniondale Ave.
Uniondale, NY 11553

DUE DATE	P.O. NUMBER
1/4/2013	

DESCRIPTION	QTY	RATE	AMOUNT
Perform Tank Tightness testing on three 4000-gallon tanks	3	330.00	990.00
Nassau Fire Marshal Fee	3	170.00	510.00
		Total	**1,500.00**

It's been a pleasure working with you!

NAS 15773

1 of 7

Dry As A Bone, Inc.
Underground Tank Testing – Removals & Installations

69 Capitolian Blvd.
Rockville Centre, New York 11570
P: 516-678-5115
F: 516-678-9140

153-44 S. Conduit Ave.
Jamaica, New York 11434
P: 718-949-3849
F: 718-5676688

DATE: 1/4/13

Nassau County Fire Marshal

1194 Prospect Ave.

Westbury, NY 11590

TANK TESTING PROCEDURE

NAME & ADDRESS: Express. 576 Uniondale Ave. Uniondale, NY

Test I.D.: _____

Tank I.D.: Diesel, Reg. Gasoline, Super Gas

SPILL#: 1214297

TEST METHOD: *EZY 3 Locator Plus*

CERTIFICATION BY TECHNICIAN COMPLIES WITH TEST CRITERIA

TECHNICIAN QUALIFICATIONS: Horner School

NAME OF TECHNICIAN: T.J. O'Connor C.O.F ID. # 8632843

COMMENTS: 3-4000-gallon tanks failed the test. It was an ullage (above liquid level) leak. Tanks share Stage II vapor line.

SIGNATURE: _____

EZY 3 LOCATOR PLUS

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

DATE: 1/4/13
TOTAL TANK VOL.: 4000
PRODUCT VOL.: 15
ULLAGE VOL.: 3985
PRODUCT TYPE: Diesel
Tech Sign: [signature]

PBS# (NEW YORK):
TANK #:
LOCATION: Express
536 Vrooman Ave
Vrooman, NY
Certifications: 74-3299

PRESSURE SENSOR CALCULATION

.5 INCHES of PRODUCT	x	.031 WEIGHT of PRODUCT	=	.01	0.00 PSI (1)
0 INCHES of WATER in TANK	x	0.036	=	0	0.00 PSI (2)
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	.01	0.00 PSI (3)
0 INCHES of WATER OUTSIDE TANK	x	0.036	=	0	0.00 PSI (4)
Total Head Pressure Minus Outside Water Pressure			=	.01	0.00 +/- PSI (5)
Always add .5 PSI			+	.5	PSI (6)
NOTE: If Line 6 is Less than .5 PSI, Line 7 shall be .5 PSI					
TEST PRESSURE			=	.51	+/- PSI (7)

	TIME	PRESSURE
Blower Started:	1:25	0
Test Pressure Reached:	1:27	.53
Blower Turned Off:	1:40	.54
Test Began:	1:40	.54
Test Ended:	2:05	0

Equipment Calibration due date and serial numbers

	Serial #	Calibration due date
Microphone:	M1124002	5/13
Amp:	E21805	5/13
Pressure gauge:	7007707	5/13

Depth of Groundwater Determined:
By: Double wall Tank.
Where:

Tank System Y / N Pass / Fail

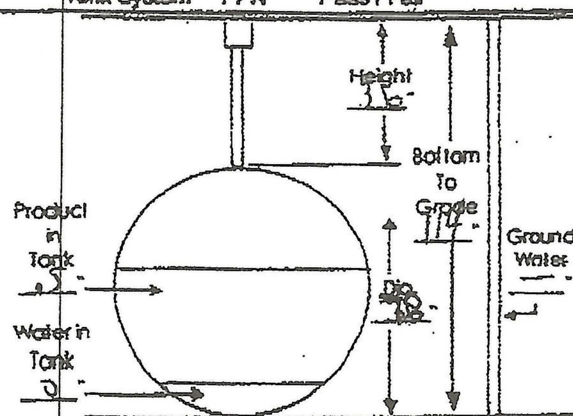
WATER SENSOR CALIBRATION

Added: No water
Cal # 1 Cal # 2 Cal # 3
Average:

Water Intrusion Test Period: Began: ____ Ended: ____

Calculation for Test Period:

____ ÷ 3780 = ____ ÷ .05 ____ X 60 = ____
Ave. Cal. "A" Factor Min. Time of test



NAU18772

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MANUFACTURED BY: ESTABROOK'S INC. 1-877-363-7215

DATE 1/4/13

TOTAL TANK VOL. 4000

PRODUCT VOL. 15

ULLAGE VOL. 3985

PRODUCT TYPE Diesel

PBS # (NEW YORK)

TANK #

LOCATION Express
536 Uniondale Ave.
Uniondale, NY

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:
(CHECK ONLY ONE)

_____ **TIGHT SYSTEM**
THIS UNDERGROUND STORAGE SYSTEM ~~PASSES~~ THE CRITERIA SET FORTH BY THE U.S. EPA.

X **ULLAGE (DRY) PORTION LEAK**
THIS UNDERGROUND STORAGE SYSTEM ~~FAILS~~ THE CRITERIA SET FORTH BY THE U.S. EPA.

_____ **BELOW PRODUCT LEVEL (WET) PORTION LEAK**
THIS UNDERGROUND STORAGE SYSTEM ~~FAILS~~ THE CRITERIA STE FORTH BY THE U.S. EPA.

WATER SENSOR INDICATES
(CHECK ONLY ONE)

NO WATER INTRUSION X WATER INTRUSION _____ NOT APPLICABLE _____

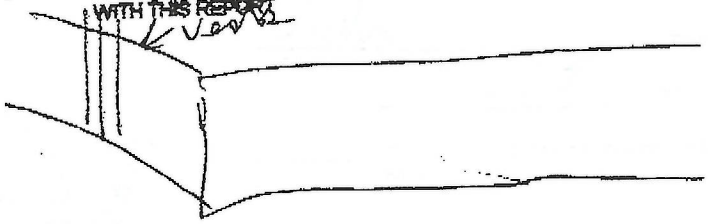
OPERATOR NAME: Print T.J. O'Connor Sign T.J. O'C

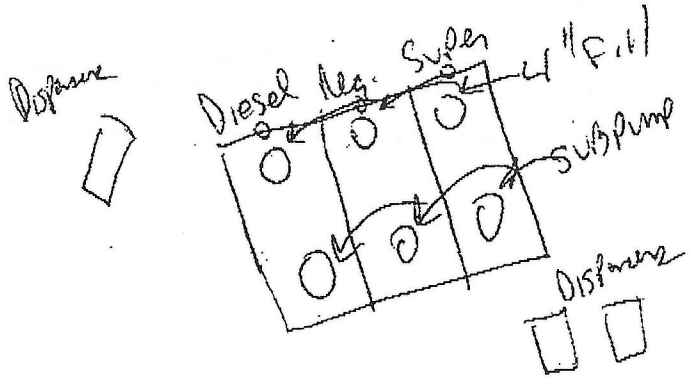
Certification # 74-3299 Expiration Date: February 17, 2013

Testing Firm: Dry as a Bone Inc. Address: 69 Coantolion Blvd.

Telephone # (516) 678-5115 Rockville Centre, NY 11570

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT





NAS 10770

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EZY 3 LOCATOR PLUS

DATE 1/4/12
TOTAL TANK VOL. 4000
PRODUCT VOL. 0
ULLAGE VOL. 4000
PRODUCT TYPE Reg Conv
Tech Sign

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

PBS# (NEW YORK)
TANK # 2
LOCATION Express
536 Yonkers Ave
Yonkers, NY
Certifications: 74-3299

PRESSURE SENSOR CALCULATION

0 INCHES of PRODUCT	x	.031 WEIGHT of PRODUCT	= 0 0.00 PSI (1)
0 INCHES of WATER in TANK	x	0.036	= 0 0.00 PSI (2)
Line 1 ÷ Line 2 = Total Positive Head Pressure In Tank			= 0 0.00 PSI (3)
0 INCHES of WATER OUTSIDE TANK	x	0.036	= 0 0.00 PSI (4)
Total Head Pressure Minus Outside Water Pressure			= 0 0.00 +/- PSI (5)
Always add .5 PSI			+ 0.5 PSI (6)
NOTE: If Line 6 is Less than .5 PSI, Line 7 shall be .5 PSI			
TEST PRESSURE			= .5 +/- PSI (7)

	TIME	PRESSURE
Blower Started:	2 15	0
Test Pressure Reached:	2 16	.55
Blower Turned Off:	2 25	.51
Test Began:	2 25	.51
Test Ended:	2 45	0

Equipment Calibration due date and serial numbers

	Serial #	Calibration due date
Microphone:	M1124002	5/13
Amp:	E218.05	5/13
Pressure gauge:	7007107	5/13

Depth of Groundwater Determined:
By: Don Shenault
Where:

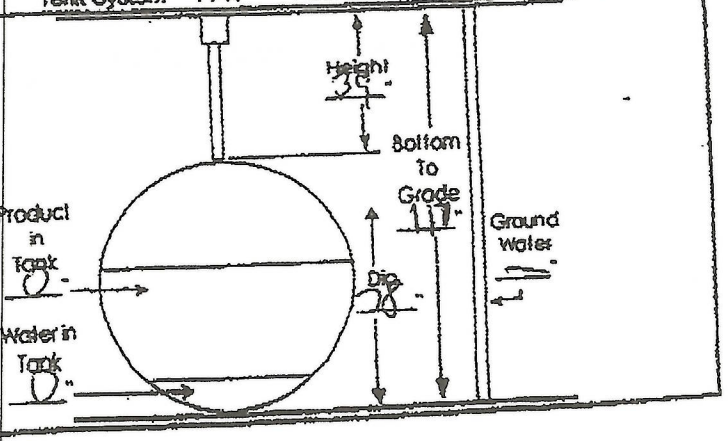
Tank System Y / N Pass / Fail

WATER SENSOR CALIBRATION

Added: Cal # 1 Cal # 2 Cal # 3
Average:
Water Intrusion Test Period: Began: Ended:

Calculation for Test Period:

_____ ÷ 3780 = _____ ÷ .05 _____ X 60 = _____
Ave. Cal. "A" Factor Min. Time of test



NAS 10770

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MANUFACTURED BY: ESTABROOK'S INC 1-877-355-7275

DATE 1/4/12

TOTAL TANK VOL 4000

PRODUCT VOL 0

ULLAGE VOL 4000

PRODUCT TYPE Reg. Gas

PBS # (NEW YORK)

TANK # 2

LOCATION Express
516 Verandale Ave
Verandale, NY

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:
(CHECK ONLY ONE)

_____ **TIGHT SYSTEM**
THIS UNDERGROUND STORAGE SYSTEM PASSES THE CRITERIA SET FORTH BY THE U.S. EPA.

X **ULLAGE (DRY) PORTION LEAK**
THIS UNDERGROUND STORAGE SYSTEM FAILS THE CRITERIA SET FORTH BY THE U.S. EPA.

_____ **BELOW PRODUCT LEVEL (WET) PORTION LEAK**
THIS UNDERGROUND STORAGE SYSTEM FAILS THE CRITERIA STE FORTH BY THE U.S. EPA.

WATER SENSOR INDICATES
(CHECK ONLY ONE)

NO WATER INTRUSION X WATER INTRUSION _____ NOT APPLICABLE X

OPERATOR NAME: Print T.J. O'Connor Sign T.J. O'C

Certification # 74-3299 Expiration Date: February 17, 2013

Testing Firm: Dry as a Bone Inc. Address: 69 Capitolian Blvd.

Telephone # (516) 678-5115 Rockville Centre, NY 11570

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT

See Diesel

NAO 10773

EZY 3 LOCATOR PLUS

DATE 12/12

TOTAL TANK VOL. 4000

PRODUCT VOL. 0

ULLAGE VOL. 4000

PRODUCT TYPE Super Unl

Tech Sign

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

PBS# (NEW YORK)

TANK # 3

LOCATION Express
576 Uniondale Ave.
Uniondale, NY

Certifications: 74-3299

PRESSURE SENSOR CALCULATION

.1 INCHES of PRODUCT	X	.026 WEIGHT of PRODUCT	= .026	0.00 PSI (1)
0 INCHES of WATER in TANK	X	0.036	= 0	0.00 PSI (2)
Line 1 + Line 2 = Total Positive Head Pressure In Tank			= .026	0.00 PSI (3)
0 INCHES of WATER OUTSIDE TANK	X	0.036	= 0	0.00 PSI (4)
Total Head Pressure Minus Outside Water Pressure			= .026	0.00 +/- PSI (5)
Always add .5 PSI NOTE: If Line 6 is Less than .5 PSI, Line 7 shall be .5 PSI			+ .5	PSI (6)
TEST PRESSURE			= .52	+/- PSI (7)

	TIME	PRESSURE
Blower Started:	250	0
Test Pressure Reached:	252	.54
Blower Turned Off:	302	.56
Test Began:	302	.56
Test Ended:	325	0

Equipment Calibration due date and serial numbers

	Serial #	Calibration due date
Microphone:	M1124002	5/13
Amp:	E21805	5/13
Pressure gauge	7007107	5/13

Depth of Groundwater Determined:
By: Bottom of tank
Where:

Tank System Y / N Pass / Fail

WATER SENSOR CALIBRATION

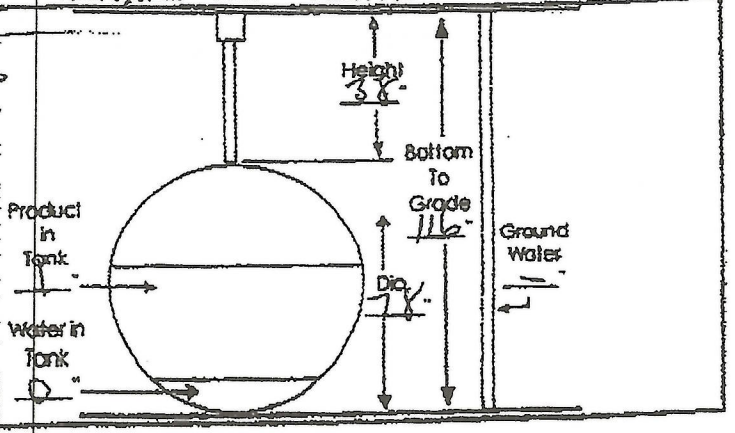
Added:

	Cal # 1	Cal # 2	Cal # 3
Average:			

Water Intrusion Test Period: Began: Ended:

Calculation for Test Period:

____ ÷ 3780 = ____ ÷ .05 ____ X 60 = ____
Ave. Cal. "A" Factor Min. Time of test



MANUFACTURED BY: ESTABROOK'S INC 1-877-368-7215

DATE 1/4/12

TOTAL TANK VOL 4000

PRODUCT VOL D

ULLAGE VOL 4000

PRODUCT TYPE Super Clean

PBS # (NEW YORK)

TANK # 3

LOCATION Express
570 Uniondale Ave.
Uniondale, NY

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:
(CHECK ONLY ONE)

_____ **TIGHT SYSTEM**
THIS UNDERGROUND STORAGE SYSTEM ~~PASSES~~ THE CRITERIA SET FORTH BY THE U.S. EPA.

X **ULLAGE (DRY) PORTION LEAK**
THIS UNDERGROUND STORAGE SYSTEM ~~FAILS~~ THE CRITERIA SET FORTH BY THE U.S. EPA.

_____ **BELOW PRODUCT LEVEL (WET) PORTION LEAK**
THIS UNDERGROUND STORAGE SYSTEM ~~FAILS~~ THE CRITERIA STE FORTH BY THE U.S. EPA.

WATER SENSOR INDICATES
(CHECK ONLY ONE)

NO WATER INTRUSION X WATER INTRUSION _____ NOT APPLICABLE _____

OPERATOR NAME: Print T.J. O'Connor Sign

Certification # 74-3299 Expiration Date: February 17, 2013

Testing Firm: Dry as a Bone Inc. Address: 69 Capitolian Blvd.

Telephone # (516) 678-5115 Rockville Centre, NY 11570

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT

See Diesel.

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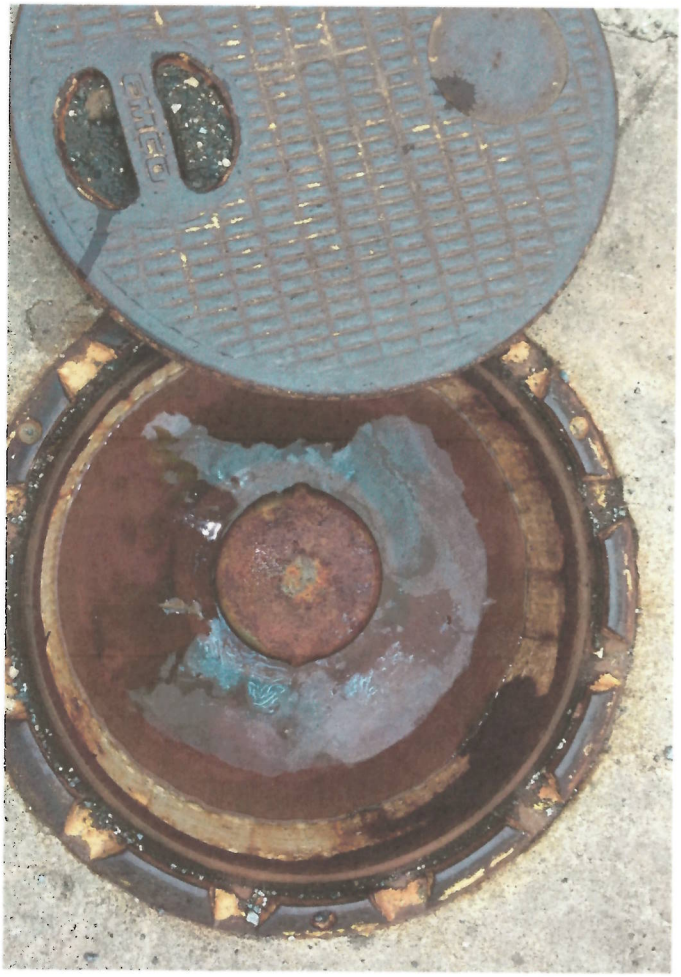

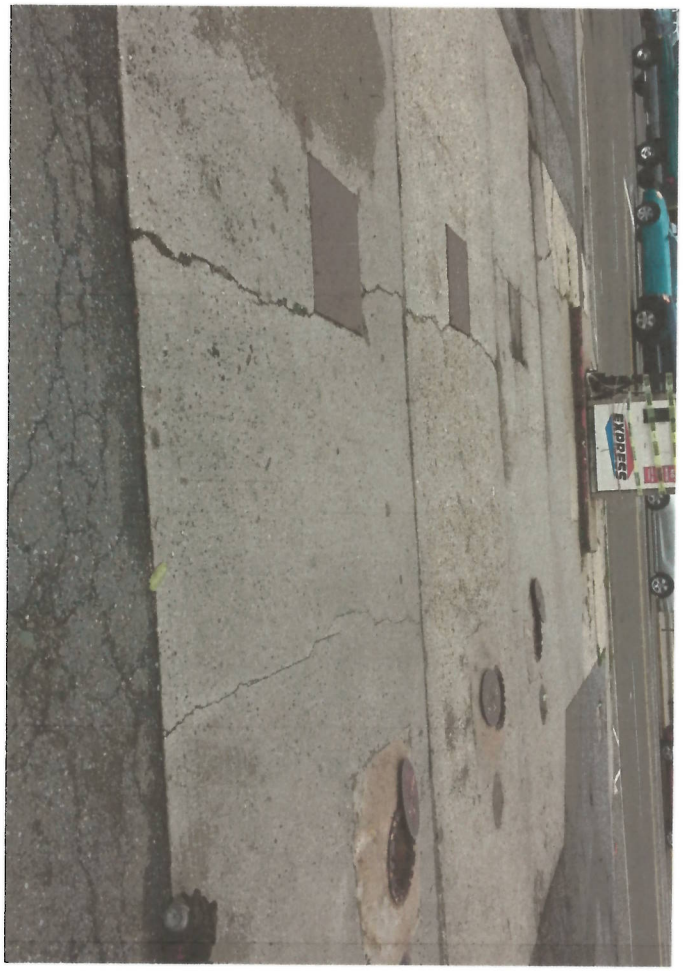

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576
Uniondale Ave
516-292-0974
QuickLUBE
10 min. OIL CHANGE
QUAKER STATE
REGISTERED
MOTOR VEHICLE
REPAIR SHOP
Quick
LUBE
WAITING
ROOM
INTERSTATE
BATTERIES
SOLD HERE
Income Tax Preparers
10 min.
OIL CHANGE
19.99
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SERVICES
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SERVICES
We Do
BRAKES
BELTS
HOSES
&
TUNE
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CAUTION